

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2011

638
Lobbyist's Registration Number**FOR OFFICE USE ONLY**

Postmark Date: 1-3-11

Boys
H. P. H.
H. P. H.

1010314

Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Carmouche George L.
Last First MI2. BUSINESS PHONE: 225-346-1004
Area Code and Phone Number3. BUSINESS ADDRESS: 201 Napoleon St. Baton Rouge, LA 70802
Street and No. City State ZipMAILING ADDRESS: P.O. Box 44301 Baton Rouge, LA 70804
Street and No. City State Zip4. EMPLOYER: George L. Carmouche ADLC5. EMPLOYER'S ADDRESS: 201 Napoleon St. Baton Rouge, LA 70802
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name: Orleans Levee District
6001 Staves + Stripes Blup.
Address: Lake Front Airport - New Orleans, LA 70126-2006
Business or purpose: Political SubdivisionDoes this person pay you? Yes

If No, who pays you? _____

SCANNED

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

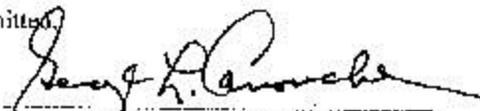
2. Name Trinity Storage Services, L.P.
Address 3700 Buffalo Speedway / Suite 1000, Houston, TX 77098-3700
Business or purpose Dilfield Waste Disposal
Does this person pay you? yes
If No, who pays you? _____

3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [I.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY